		The state of the s
ARIZ	ONA STATE BOARD OF HEAL	TH 984 V
	BUREAU OF VITAL STATISTICS 🛝	DIMENTING NO.
1. PLACE OF BIRTH	STANDARD CERTIFICATE OF BIRTH	Registered No. 2 1 2
County		
District or Township	or Village	
City human	No. 11 No	tion, give its NAME statead of street and number)
and the same of th	no Smell	It whild is not yet named, make supplemental toport, as directed.
2, Full name of child		( supplemental tagort, as directed.
in event of plural	Twin, triplet or other	7. Date of birth Month Day Year
A Continue		
Full name Sus leaver	14.	MOTHER
The segues	1	mun jorova
9. Residence (Usual place of abode)	15. Residence (Usual place of abode	
If non-resident, give place and state.	If non-resident, give	Manual
19. Polor or race	IS. Color or race	
11. Age at last birth	day 3 8 (Vears) Muy	17. Age at last birthday (Years)
O a		
12. Birthplace (city or place)	[ 18. Birthplace (city or	place).
(State or country)	(State or country)	
13. Occupation	19. Occupation	
Nature of Industry	Nature of industry	Haysan
	<u> </u>	To the state of
20. Number of children of this mother	(a) Born alive and now living (b) Born alive but now dead (	21. Were precautions taken against oph- thalmia neona bruyn?
(Taken as of time of birth of child herein certified and including this child.)	(c) Stillborn	Jus
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
I hereby certify that I attended the birth of this	child, who was (Born alive or stillbook)	m, on the date above stated,
* When there was no attending physician or midwife, then the father, householder,	Signature heem	2 ingles
etc., should make this return. A stillborn child is one that neither breathes nor		mi la
shows other evidence of life after birth.		(Physican or midwife).
Given name added from a supplemental report	Address A	
Month, day, year	Filed 24 (10 1929)	
Registrar	7	Registrar
Q2/2 113	0-326	<b>\</b>
70 4 -110		